

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-20282		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: DAY		TIME: MILITARY		
CRASH OCCURRED ON 1425 Columbus Ave				WITHIN THE INTERSECTION OF								
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE		
LOG-1		LOG-2		LOC JUR FH9 FILT								
A	UNIT NO. 1	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Westfield/CWP3971539				
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Osborne, Fred				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 101 Farview Ave, Lebanon, OH, 45036								
PHONE NO. 513-379-3700		BIRTH DATE 9/15/25		AGE 90	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RP168273		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS				PHONE				
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE		VEH/PED DIR		
	Dodge	Ram Van		Whi	VN	OH	PEG2481	N/A		FROM TO		
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		
										FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8	UNIT NO. 2	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		StateFarm0545185D2635F				
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Cepin, Nicole, M				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 312 Triple Crown DR, Lebanon, OH, 45036								
PHONE NO. 513-317-9010		BIRTH DATE 6/5/22		AGE 43	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RS228686		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS				PHONE				
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE		VEH/PED DIR		
2015	Nissan	Versa		Silv	HB	OH	FWU8817	N/A		FROM TO		
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		
										FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL				
D E F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL				
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL				
D E F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL				
A		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		ALCOHOL				
O		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		ALCOHOL				
RECEIVED CALL		DISPATCHED 1552		ARRIVED 1601		CLEARED 1606		OTHER TIME		TOTAL MINUTES		
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		1 NO DRUGS DETECTED		
M D Y		YES NO		Ptl. Brummett		111				2 USING PRESCRIBED DRUG		
										3 USING ILLICIT DRUG		